

Complaint 3A
clerk

Jonathan Eric Rivera Booking # 210729037

Name and Prisoner/Booking Number

Pod 1P Bed 6-10

Place of Confinement

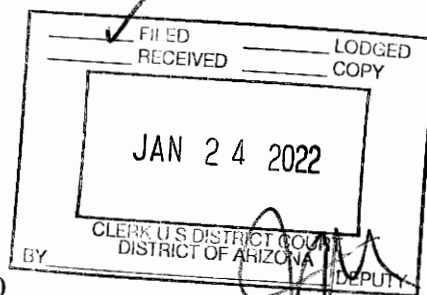
P.O. Box 951

Mailing Address

TUCSON, AZ 85702

City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)



IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

Jonathan Eric Rivera

(Full Name of Plaintiff)

Plaintiff,

vs.

CASE NO. CV-22-00034-TUC-JAS(PSOT)

(To be supplied by the Clerk)

(1) Pima County Sheriff Department

(Full Name of Defendant)

(2) Pima County Adult Detention Complex

(3) Pima County Adult Detention Maintenance

(4)

Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.

CIVIL RIGHTS COMPLAINT
BY A PRISONER

Jury trial Demanded

☒ Original Complaint

☐ First Amended Complaint

☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).

☐ Other: _____

2. Institution/city where violation occurred:

Pima County Adult Detention Complex
TUCSON, AZ

B. DEFENDANTS

1. Name of first Defendant: Pima County Sheriff Department The first Defendant is employed as:
County Sheriff Department at Pima County
(Position and Title) (Institution)
2. Name of second Defendant: Pima County Adult Detention Complex The second Defendant is employed as:
County Detention Complex at Pima County Adult Detention Complex
(Position and Title) (Institution)
3. Name of third Defendant: Pima County Adult Detention Complex maintenance The third Defendant is employed as:
maintenance Department at Pima County Adult Detention Complex
(Position and Title) (Institution)
4. Name of fourth Defendant: _____ The fourth Defendant is employed as:
_____ at _____
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? _____. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - b. Second prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

COUNT I

1. State the constitutional or other federal civil right that was violated: Constitutional
Amendment Eight - cruel and unusual punishment, amendment 14

2. **Count I.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

- | | | | |
|--|---|---|---------------------------------------|
| <input checked="" type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count I. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

The defendants together and alone subjected me to mold and carbon monoxide poisoned air while I was housed in pod 1P dorm 7. There was a water line sewer leak from the shower in the dorm above mine. Water was leaking down the wall in 2 separate places. Maintenance came and looked at it but did not fix it. IN November 2021 the leak became so bad that water started draining from the light fixtures in 2 steady streams. The leak was supposedly fixed 2 days later. Pictures were taken of the water pouring from the lights. Maintenance came and vacuumed up the water in the wall port outside the cell that leads to the water pipes. They never put sand or fans to dry the stale remaining water. Mold began to grow and I have allergies to mold, asthma, and covid-19 from having covid 19 in September 2021. I got very sick during the middle of November and needed nebulizer asthma treatments and increased inhaler use. I was seen by medical several times. The cooling system is right next to the exhaust of generators cause I can smell carbon monoxide daily for 4 months.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

I sustained chronic breathing problems, increased asthma treatments, prolonged sickness from allergies to mold, headaches, dizziness, fatigue. I was affected physically, mentally and emotionally, psychologically.

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?
☒ Yes ☐ No
- Did you submit a request for administrative relief on Count I?
☒ Yes ☐ No
- Did you appeal your request for relief on Count I to the highest level?
☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.

COUNT II

1. State the constitutional or other federal civil right that was violated: Constitutional Amendment One - right to free speech - inability to grieve county jail for violation and remedy.

2. **Count II.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input checked="" type="checkbox"/> Other: <u>Limited ability to grieve</u> | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

On December 7th 2021 I submitted ^(on tablet) a grievance for lack of Medical care and improper maintain procedures. The grievance was rejected for being labeled medical. The response was that medical grievances need to be on paper. In notes have received notice that paper grievances will not longer be accepted or available. I ask 7 corrections officers for grievances and was denied and told the paper way to submit a grievance is on the tablet. Then I submitted 7 grievances dating from December 15th 2021 to December 30th 2021 and did not get a reply. On January 10th 2022 I submitted a grievance asking them to reply to my grievances and the policy states I would get a response in 14 days and I have not got one. My grievance was administrative grievance rejection for not following policy of P.C. S.O. I submitted ~~that I have~~ another grievance asking them to please check and reply to my grievances and it was rejected and I was told I have no such grievances at all. I was right on my first grievance and my last grievance but given no response to my very important issues. I have all the grievance file numbers and can log on and view all my grievances from my tablet. It is a total of 10 grievances.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

I was denied a proper grievance procedure and limited to remedy for very serious health problems, physical safety, possibly deadly situations. I have had ongoing medical problems growing since Sept 2021 and have had no way to remedy them.

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Count II? ☒ Yes ☐ No
- Did you appeal your request for relief on Count II to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

E. REQUEST FOR RELIEF

State the relief you are seeking:

I would like a Federal or state investigation into the problems with their grievance procedure policy and execution of them. I would like compensatory, nominal, and punitive relief. Judicial relief by releasing me to continue to pursue these cases and attain counsel and fight my criminal cases from home.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01-12-22
DATE


SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.